



Office of the Sheriff

MCDOWELL COUNTY, NORTH CAROLINA

593 SPAULDING ROAD • MARION, NC 28752 • 828.652.2235

RICKY T. BUCHANAN  
SHERIFF

Application for Employment

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Are you applying for: Full-Time  Part-Time  Volunteer

Name of Applicant:

\_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

SSN #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_

Phone: (H): (\_\_\_\_)\_\_\_\_-\_\_\_\_ (C): (\_\_\_\_)\_\_\_\_-\_\_\_\_ (W): (\_\_\_\_)\_\_\_\_-\_\_\_\_

Height: \_\_\_\_ft. \_\_\_\_in Weight: \_\_\_\_lbs. Marital Status: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Degree: \_\_\_\_\_

College Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Do you possess a Valid Driver License? Yes  No  License#/State: \_\_\_\_\_

Has your license ever been revoked or suspended? Yes  No

Have you ever been convicted of a Felony? Yes  No  Misdemeanor Yes  No

Explain: \_\_\_\_\_

Have you ever served in the Military? Yes  No  If yes, please list dates of service and type of discharge issue \_\_\_\_\_

Have you ever been discharged or resigned from any employment because of misconduct or unsatisfactory performance? Yes  No  If yes, explain: \_\_\_\_\_

Do you object to wearing a uniform? Yes  No  Working a shift rotation? Yes  No

Working at Night? Yes  No

(Over Please)

Complete the Following Concerning Your Employment for the Last Ten (10) Years. Begin With the Most Recent Employment:

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1: Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Your title or position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Number of years employed: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly/Annually

Reason for leaving: \_\_\_\_\_

2: Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Your title or position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Number of years employed: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly/Annually

Reason for leaving: \_\_\_\_\_

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References: (Do not list relatives or former supervisors)

Name	Address	Phone
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1. _____	_____	(____) ____ - _____
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2. _____	_____	(____) ____ - _____
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3. _____	_____	(____) ____ - _____
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List any special skills, training or Experience which qualifies you for this position:

\_\_\_\_\_

\_\_\_\_\_

Date Completed Basic Law Enforcement Training: \_\_/\_\_/\_\_\_\_

Are you a Sworn Officer? Yes  No  If so, which Law Enforcement Agency is currently holding your certification?

\_\_\_\_\_